## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO				
12	150	1/2	4	7
ןטן	28	7 6	~	

FILING DATE

APPLICANT(S)

CLA:	IM	S
------	----	---

						_	LAIM	<u> </u>	
	AS F	ILED		ΓER		ΓER			AS F
				NDMENT		NDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.
2				,			\	51 52	
3		1 2		<del>/-</del> -				53	
4		(2)		-/-				54	
5		10		7				55	
6		$\mathcal{O}$		1				56	
7		0		/				57	
8								58	
9								59	
10 11			<del>-/-</del>					60 61	
12		<del></del>		<del></del>				62	
13		/		<del>'</del> ,				63	
14		3		<b>-</b>				64	
15		Ø		1			. 0 -0	65	
16		$\omega$		/				66	
17		(4)						67	
18								68	
19 20		(1)				-	b. A.	69 70	
21								71	
22								72	
23								73	
24								74	
25								75	
26								76	
27								77	
28 29								78	
30								79 80	
31								81	
32								82	
33					*******			83	
34								84	
35		_ 4						85	
36								86	
37								87 88	
39						1	5-,04	89	
40								90	
41							0000	91	
42							11	92	
43								93	
44		5 - 7	e 1	+ 6				94	
45								95	
46				-				96 97	
48								98	
49								99	
50								100	
TOTAL IND.		#	5	<b>4</b>		<b>4</b>		TOTAL IND,	
TOTAL DEP.		<b>(=</b>	14	<b>←</b>		<b>(</b>	6	TOTAL DEP.	
TOTAL		641 × 781		20132.75	_	4		TOTAL	
CLAIMS			19	No.				CLAIMS	

	AS FILED			TER NDMENT	AFTER 2 <sup>md</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53		<u> </u>				ļ	
54 55							
56							
57							
58	-						
59							
60							
61							
62							
63							
64							
65 66	-				-	-	
67							
68							
69							
70							
71							
72							
73			-			_	
74 75							
76			·····				
77							
78							
79						<u> </u>	
80							
81							
82							
83					-		
84 85							
86							
87	<del></del>					*	
88							
89							
90			1		N I		
91							
92							
93							
94 95			M	V - 3		K.	
96							
97							
98							
99							
100							
TOTAL IND.		•		•		•	
TOTAL DEP.		<b>(</b>		<b>4</b>		<b>←</b>	
TOTAL CLAIMS							
CLAIMS							